

# CITY OF LORAIN

605 WEST 4TH ST, LORAIN, OH 44052-1605  
 DUE DATE APRIL 15, 2010

FISCAL YEAR FILERS MUST FILE ON OR BEFORE THE 15TH DAY OF  
 THE FOURTH MONTH AFTER THE CLOSE OF THAT FISCAL YEAR.

# 2009

OR  
 FISCAL PERIOD \_\_\_\_\_ TO \_\_\_\_\_

INCOME TAX DEPARTMENT  
 (440) 204-1002 FAX (440) 204-1006  
 www.cityoflorain.org  
 If under 18 - Attach proof of age

YOUR NAME AND ADDRESS AS THEY APPEAR ON OUR RECORDS:  
 MAKE NECESSARY CORRECTIONS

Email Address \_\_\_\_\_ Phone# \_\_\_\_\_

Your Social Security No. or Federal ID \_\_\_\_\_ Spouse's Social Security No. \_\_\_\_\_

FULLY RETIRED WITH NO EARNED INCOME

Date \_\_\_\_\_

IF YOU MOVED DURING THE TAX YEAR, COMPLETE THIS BLOCK

Date moved into Lorain \_\_\_\_\_

Previous Address \_\_\_\_\_

Date moved out of Lorain \_\_\_\_\_

Present Address \_\_\_\_\_

## W-2 WORKSHEET

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4
CITY WHERE EMPLOYED	GROSS WAGES-HIGHEST WAGE ON W-2	LORAIN TAX WITHHELD	OTHER CITY TAX WITHHELD LIMIT 2%
A.			
B.			
C.			
D.			
E. TOTALS			

ATTACH A COPY OF 1040 (1ST PG. ONLY), ALL APPLICABLE W-2S, FEDERAL SCHEDULES, EXPLANATIONS ETC.

<b>INCOME</b>	1. Total W-2 wages from column 2 .....	1	\$
	2. 2106 Expenses .....	2	\$
	3. TAXABLE WAGES. SUBTRACT LINE 2 FROM LINE 1 .....	3	\$
	4. Other income. From schedule C, E or H on reverse .....	4	\$
	5. TOTAL LORAIN INCOME. ADD LINE 3 AND 4 .....	5	\$
<b>TAX WITHHELD, PAYMENTS AND CREDITS</b>	6. LORAIN INCOME TAX. MULTIPLY LINE 5 BY 2% (.02) .....	6	\$
	7. Lorain income tax withheld from column 3 .....	7	\$
	8. Prior year credits .....	8	\$
	9. Estimated payments .....	9	\$
	10. Credit for taxes withheld to other cities from column 4 .....	10	\$
	11. Credit for taxes paid to other cities (limit 2%) .....	11	\$
	12. TOTAL PAYMENT AND CREDITS. ADD LINES 7 THROUGH 11 .....	12	\$
	13. <b>BALANCE DUE.</b> If line 6 is more than 12, enter balance due here .....	13	\$
	14. Late Filing Penalty. \$25, plus 10% of balance due (If paid after April 15 <sup>th</sup> ) .....	14	\$
	15. Interest. 1.0% per month, if applicable .....	15	\$
	16. <b>TOTAL DUE.</b> Add lines 13 through 15. Carry to line 26 below (No tax due if less than \$2.01 .....	16	\$
	<b>BALANCE DUE, REFUND OR CREDIT</b>	17. <b>OVERPAYMENT.</b> If line 6 is less than line 12, enter overpayment here .....	17
18. AMOUNT FROM LINE 17 TO BE REFUNDED (No refund if less than \$2.01) .....		18	\$
19. AMOUNT FROM LINE 17 TO BE CREDITED TO NEXT YEAR .....		19	\$

DECLARATION OF ESTIMATED TAX FOR 2010 (MANDATORY - When tax due is \$100.00 or more)

<b>ESTIMATE FOR NEXT YEAR</b>	20. Total estimated income subject to tax \$ _____ Multiply by tax rate of 2% (.02) .....	20	\$
	21. Subtract tax to be withheld or paid to other cities (limit 1% of wages) .....	21	\$
	22. Balance of city income tax declared. Subtract line 21 from line 20 .....	22	\$
	23. Tax due before credits. Enter at least 25% of line 22 .....	23	\$
	24. Less credits. Enter line 19 from above .....	24	\$
<b>TAX DUE</b>	25. Net estimated tax due. Subtract line 24 from line 23 .....	25	\$
	26. Enter balance due from line 16 above (No tax due if less than \$2.00) .....	26	\$
	27. TOTAL TAX DUE ADD LINES 25 & 26. PLEASE MAKE CHECK PAYABLE TO LORAIN INCOME TAX DEPT. ....	27	\$

If this return was prepared by a tax practitioner, check here if we may NOT contact him/her directly with questions regarding the preparation of this return.

The undersigned declares that this return (and accompanying schedule) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

\_\_\_\_\_  
 SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SIGNATURE OF TAXPAYER

\_\_\_\_\_  
 DATE

**SCHEDULE C  
PROFIT OR LOSS FROM BUSINESS OR PROFESSION**  
Attach Federal Schedules, (If taxes paid to other cities, attach other cities' returns.)

Business Name	Business Address	
1. Net Profit or Loss		\$
2. Add Items not Deductible		
3. Deduct Items not Taxable		( )
4. Adjusted Net Profit or Loss		\$
5. Schedule Y _____ % allocable to Lorain from Schedule Y Step 5		
6. Less allocable net loss carry-forward 5 year limit Attach NOL Schedule		
7. Net Profit or Loss (NET PROFIT ONLY, enter on Line 4, page 1)		\$

**SCHEDULE E  
INCOME FROM RENTS**  
Attach copy of Federal Schedules.

Full Address of property, City & State	Current year Net Profit/Loss
Total Profit/Loss	\$

Less NOL \$ \_\_\_\_\_ Net Profit/Loss \$ \_\_\_\_\_  
5 yr. Limit, Attach Schedule \*Carry net profit to Line 4, pg. 1

**SCHEDULE H  
ALL OTHER TAXABLE INCOME**

Individual's distributive share of Income from partnerships, s-corporations, estates, trusts, director's and other fees, farm and other sources.

Received From	For (DESCRIBE)	Amount
		\$
TOTAL INCOME - Enter Line 4, page 1		\$

**SCHEDULE X - Reconciliation With Federal Income Tax Return (For Corporations Only)**

See ORC 718.01 (A) (1) for items that are taxable and deductible.

**SCHEDULE Y - Business Allocation Formula**

USE WHOLE DOLLARS ONLY!	A. Located Everywhere	B. Located in Lorain	% B Divided by A
<b>STEP 1.</b> a) Average original cost of Real & Tangible Personal Property			
b) Gross Annual Rental Receipts Multiplied by 8			
c) Total of Step 1			
<b>STEP 2.</b> Net Sales			
<b>STEP 3.</b> Wages, Salaries Paid			
<b>STEP 4.</b> Total Percentages			
<b>STEP 5.</b> AVERAGE PERCENT (Divide Total Percent by Number of Percentages Used) Enter Here and on Line 5 Schedule C.			

**SCHEDULE Z Partner's Distributive Shares of Net Income (From Federal Schedule 1065, K-1 and 1099)**

1. NAME AND ADDRESS OF EACH PARTNER	2. Resident		3. Distributive Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
(a)			%	\$	\$	%	\$
(b)			%	\$	\$	%	\$
(c)			%	\$	\$	%	\$
(d)			%	\$	\$	%	\$
7. TOTALS			100%	\$	\$		\$